

# In the Supreme Court of the State of Alaska

**James Vue,**

Petitioner,

v.

**State of Alaska,**

Respondent.

Supreme Court No. S-17508

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **9/6/19**

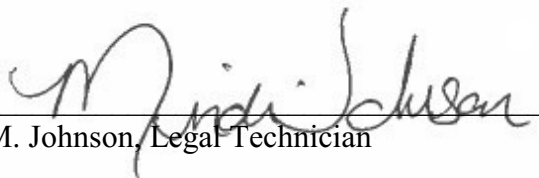
Trial Court Case No. **3AN-14-05539CR**

Unless you or the prosecutor objects by **10/21/19** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Petition for Review	500	1,000
<b>Petition for Hearing</b>	500	<b>1,000</b>
Original Application	500	1,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts

  
M. Johnson, Legal Technician

James Vue  
3600 Bette Cato  
Seward AK, 99664

### Distribution:

Mail:  
Schwaiger, Michael T, Public Defender  
Haines, Patricia L.

# In the Supreme Court of the State of Alaska

**James Vue,**

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v.

**State of Alaska,**

Respondent.

Supreme Court No. **S-17508**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **9/6/19**

Trial Court Case No. 3AN-14-05539CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Petition for Hearing
  - ☐ Petition for Review
  - ☐ Petition for Sentence Review
  - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant/Petitioner's Daytime Phone

\_\_\_\_\_  
Appellant/Petitioner's Signature

\_\_\_\_\_  
Appellant/Petitioner's Mailing Address

City

State

Zip

Mailed to State's Attorney on: \_\_\_\_\_ (Date)